

Certification

Bridgewater-Raritan Supervisors' Association

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2016 thru 6/30/2019.

Employer: Bridgewater-Raritan Regional School District

County: Somerset

Date: 11/30/2017

Name: Peter F. Starrs

Print Name

Title: Business Administrator/Board Secretary



Signature

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: Bridgewater-Raritan Regional School District County: Somerset
 Employee Organization: Bridgewater-Raritan Supervisors' Association Employees in Unit: 19
 Base Year Contract Term: 7/1/2013 6/30/2016 New Contract Term 7/1/2016 6/30/2019
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$2,009,641	\$2,056,868
Item 2	Increment		
Item 3	Longevity	\$12,753	\$12,753
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		\$2,022,394	\$2,069,621
		(Total)	(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year (previous agreement) \$2,022,394

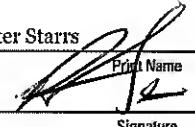
Effective Date (m/d/yyyy)	7/1/2016	7/1/2017	7/1/2018			
Percent Increase	2.35%	2.35%	2.35%			
Total cost of increase ..	\$47,226	\$48,336	\$49,573			
Total base salary (successor agreement)	\$2,069,621	\$2,122,263	\$2,171,836			

Section V: Impact of Settlement - average annual increase over term of agreementPercentage Impact (average per year over term of agreement) 2.35Dollar Impact (average per year over term of agreement) \$48,378.00**Section VI**Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .. (all, incl.)	\$334,552	\$374,698				
Employee Contributions	\$89,865	\$100,648				
Prescription						
Dental						
Vision						

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

Peter Starrs

 Print Name

Title: Business Administrator

Date: 11/30/2017

Signature